

APPEAL TRANSMITTAL SHEET

Case Number: BK AP

If AP, related BK case number:

Title of Order Appealed:

Docket #: **Date Entered:**

Item Transmitted:

Notice of Appeal	Docket #:	Date Filed:
Amended Notice of Appeal	Docket #:	Date Filed:
Cross Appeal	Docket #:	Date Filed:
Motion for Leave to Appeal	Docket #:	Date Filed:
Request for Certification of Direct Appeal	Docket #:	Date Filed:

Appellant/Cross Appellant:

Appellee/Cross Appellee

Counsel for Appellant/Cross Appellant:

Counsel for Appellee/Cross Appellee:

Filing fee paid?	Yes	No
IFP application filed by applicant?	Yes	No
Have additional appeals of the same order been filed?	Yes	No
*If Yes, has District Court assigned a Civil Action Number?	Yes	No
Civil Action Number:		

(continued on next page)

Notes:

I hereby certify that all designated items are available electronically through CM/ECF.

Date: _____ **by:** _____
Deputy Clerk

Bankruptcy Court Appeal (BAP) Number: